

Third Molar Endodontic Space

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Third molar morphology was described as impermissible, and extremely complex in a 3 dimension analysis, although endodontic manipulations of this teeth are very important so they can be used as anatomo-morphological entity. Analysis of endodontic space has a major clinical, statistical and anthropological importance. Methods. A total of 56 third molars were analyzed (30 mandibular, 26 maxillary) with a range of years from 15 to 67 years. In the aim of their analysis we used macroscopically sections of the third molars, dental retro alveolar radiography and ortopantomogramic radiography, macroscopically analysis of right away extracted teeth in compilation with radiologic findings, and the most important one, which gave us the most informative data were the clearing of the extracted teeth. We used our own method of clearing: Extracted teeth were kept for 24h in H₂O₂ and another 24h in formaldehyde. Afterwards scaling and further access cavity was prepared. Once the orifices of the canals were evident or a thin canal to the pulp chamber was achieved, the needle of the syringe was introduced in it and glued for 3 h. China Ink was introduced in it under high pressure, until it was pouring out of the major and lateral canals. Further teeth were kept in sulfuric solution of progressive concentration of 50, 60, 70, 80, 90% for five days. After five days their were washed in a continuous water flow for 24h. After wards they were kept in benzoic acid until were completely transparent and no signs of opacity was present. At the end all of them were related to Vertucci's classification. Results. Number of roots related to maxillary teeth: 1,8% - 4 roots, 83,9% - 3 roots, 5,4% - 2 roots, 8,9 - 1 root; mandibular: 44% - 2 roots, 56% - 1 root. Number of canals of maxillary teeth: 10,7% - 4 canals, 75% - 3 canals, 7,1% - 2 canals, 7,1% - 1 canal; mandibular: 90% - 3 canals, 10% - 1 canal. Root canal deviation frequency was 78% in the upper and 84% in the lower teeth. 12% of the upper and 2% of the lower teeth presented significant, large lateral canals. Average canal length of maxillary teeth was 17,98mm, of mandibular 18,9 mm. Discussions. Similar articles analysis of data around the world present close proximity to them. However differences between data from Asia are quite evident but only in the means of number canals in the lower molars. Differences in the anatomy of the third molars related to the rest of the molars are not so different in the number of canals, but the manifest sometimes very bizarre forms, frequently hard do see. However most of them are not that hard to instrumentation and obdurate if right tools and isolation is performed. The most problematic issue is the access and the apical anatomy of the teeth. In cases when there are a major factor problem solving the worth the time effort and consuming.

Stability Evolution of Alfa Gate Bioactive Coating® Implants During Healing

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To investigate the early outcome of a dental implant with bioactive Calcium-phosphate (CaP) coating in the first 6 week of usage in mandibular clinical situations, for determenatin if it is possible early prosthetic loading by measurements with Osstell and resonance frequency analysis (RFA), and bone density. Materials and methods: Study of the 6 weeks function of 16 oral implants in 6 patients, in the mandibular clinical situations we have evaluated the clinical and paraclinical parameters to

predict implant outcomes. We initiated a short-term prospective study on Bioactive Alfa Gate implants. The following para clinical analyses were determined to access the necessary dates for success and survive rate of implants: The implant primary and changed stability of 6 weeks stability (the resonance frequency analysis (Osstell Mentor® (RFA) Osstell AB, Gothenburg, Sweden) which was done weekly and the result was registered to make the statistical comparison. All surgeries were performed under local anaesthesia with 3 patient with open flap and 3 with flapless access to the bone. Osteotomy preparations of neo alveolas were performed with low speed high-torque drill units using intense irrigation with a cold saline solution. During each site preparation of the neo alveolas for the implants, the bone quality II to III was recorded. All implants were placed manually and final torque was measured with a manual torque control wrench with result of 35-45 Ncm. And each implant was covered with healing abutment for easy access for the quantitative evaluation of implant stability, RFA was recorded with the Osstell Mentor device. Orthopantomographic X-ray images were used for calculation of radiological bone loss and the respective success criterion Results: The ISQ testing for signs of initial and changed stability of 6 weeks after implantation could show notable result. The ISQ values of the stability could be estimated for the implants at the time of healing abutment placement. Statistically results demonstrate that implants present a better stability after 6 weeks post insertion. The ISQ mean values for the 16 implants prosthetic rehabilitated after 6 week of healing period were 70.75 comparing with 67.63 mean ISQ value after implant placement, the lowest ISQ mean values was 64.63 wich was registered in week 1 after the implantation. From week 2 till week 6 was in a continue increase in ISQ values. Panoramic radiographs based on the two-dimensional availability, While looking at the peri-implantary loss of bone the wasn't observed Conclusion: The clinical and para-clinical outcomes in this study indicate a high stability value after 6 weeks, and we had the possibility of prosthetic treatment after the studied time

Modern Issues of the Root Canal Treatment

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The chronic inflammatory diseases of the pulp and of the periodont after the treatment may become sources of infection which trigger or support pathological reactions in the human body. That's why a proper endodontic treatment is needed, in order to obtain a complete healing of the inflammatory sources. Although therapeutical dentistry has achieved a great progress in recent years, regarding endodontics, the quality of the root canal treatment still remains a major problem, up till now. The investigations made by Sirbu S. and the authors (1999) establishing that in those 86,5% endodontic treated teeth, the qualitative root canal obturation consists only 3,5%, and the other cases are considered to be different failures. The therapeutical success in the gangrenous pulpitis and granulated chronic periodontitis is supported by different factors: biomechanical preparation, root canal irrigations and medicamentary dressing with antibacterial and osteoinductive proprieties, root canal tridimensional sealing with full crown restoration. The objective was to evaluate the modern methods of the root canal treatment in pulpitis and periodontitis with the use of the ProTaper System and Thermafil System as a way of mechanical preparation and obturation of the root canal. There were selected, examined and endodontic treated 21 patients aged between 21 and 45 years, diagnosed with gangrenous pulpitis and granulated chronic periodontitis. Besides the clinical and instrumental exam there were used paraclinical methods such as: electric pulp tester, apex location, and the radiography. The X-Ray exam was applied: at the beginning, during the treatment and after 3, 5 and 12 months pursuing the treatment. There were used methods of modern treatment in all patients, such as, root canal preparation by the ProTaper System, antibacterial irrigations with natrium hypochlorite -2,5% and root filling with Thermafil. In periodontitis, the root canals were temporary filled with a